

**The University of Texas Southwestern Medical Center at Dallas**  
Office for Technology Development

Request for Confidential Disclosure Agreement

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**Contact Information**

Faculty Name(s)

Agency's Name

Agency Contact (if known)

Agency Contact Phone

Agency Contact Email

**Contract Details**

Time Frame of Discussion

Topic of Discussion

Purpose of Discussion

Will you be receiving any reagents under this agreement?

Does this discussion relate to an invention disclosed to our office?  If yes, what UTSD #?

**Please attach any documents you have received to the email when you submit this form.**

**To return this form, please click on the "Submit" button below.**

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Please direct questions to 214-648-4459 or CooperativeResearch@UTSouthwestern.edu